

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)		Attorney Docket Number	018872.00167	
		First Named Inventor	Gorringer, et al.	
		<b>COMPLETE IF KNOWN</b>		
		Application Number	10/575,070	
		Filing Date	April 7, 2006	
		Group Art Unit		
<input type="checkbox"/> Declaration Submitted with Initial Filing <span style="margin: 0 20px;">OR</span> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Examiner Name		

As a below named inventor, I hereby declare that:  
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Modified Whole Cell, Cell Extract And OMV-Based Vaccines

*(Title of the Invention)*

the specification of which  
☐ is attached hereto  
 OR  
☐ was filed on (MM/DD/YYYY) 04/07/2006 as United States Application Number or PCT International Application Number 10/575,070 and was amended on (MM/DD/YYYY)  (if applicable).

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Prior Foreign Application (Numbers)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0323709.6	GB	10/09/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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PCT/GB2004/004274			10/08/2004		
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<input checked="" type="checkbox"/> Customer Number <div style="text-align: center;">OR</div> <input type="checkbox"/> Registered practitioner's name/registration number listed below			<div style="border: 1px solid black; padding: 2px; display: inline-block;">26712</div> <div style="font-size: 24px; vertical-align: middle; margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">             Place Customer Number Bar Code Label Here           </div>		
<b>Name</b>		<b>Registration No.</b>	<b>Name</b>		<b>Registration No.</b>
Ranjana Kadle		40,041	R. Kent Roberts		40,786
John M. Del Vecchio		42,475	George L. Snyder, Jr.		37,729
Martin G. Linihan		24,926	Rebecca M. Stadler		56,703
John D. Lopinski		50,846	Rachel S. Watt		46,186
Robert S. Pippenger		59,008	Daniel C. Oliverio		33,435
Thomas E. Popek		58,459	Edwin T. Bean, Jr.		16,639
David L. Principe		39,336			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 2px; display: inline-block;">26712</div> OR <input type="checkbox"/> Correspondence address below					
<b>Name</b>	Ranjana Kadle				
<b>Address</b>	Hodgson Russ LLP				
<b>Address</b>	One M&T Plaza, Suite 2000				
<b>City</b>	Buffalo	<b>State</b>	New York	<b>ZIP</b>	14203-2391
<b>Country</b>	United States	<b>Telephone</b>	(716) 856-4000		<b>Fax</b>
					(716) 849-0349
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle (if any))      Andrew R.			<b>Family Name</b> or Surname                      Gorringer		
<b>Inventor's Signature</b> <i>A. R. Gorringer</i>				<b>Date</b> 24 JANUARY 2007	
<b>Residence: City</b> SALISBURY		<b>State</b> WILTSHIRE		<b>Country</b> UNITED KINGDOM	
<b>Citizenship</b> UNITED KINGDOM					
<b>Mailing Address</b> C/O HEALTH PROTECTION AGENCY, PORTON DOWN					
<b>City</b> SALISBURY		<b>State</b> WILTSHIRE		<b>ZIP</b> SP4 0JG	
<b>Country</b> UNITED KINGDOM					
<input checked="" type="checkbox"/> Additional inventors are being named on the one supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet <div style="text-align: right;">Page 3 of 3</div>
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<b>NAME OF SECOND INVENTOR:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any]) Karen M.	<b>Family Name</b> or Surname Reddin		
<b>Inventor's Signature</b> <i>K.M. Reddin</i>			<b>Date</b> 24 JANUARY 2007
<b>Residence: City</b> SALISBURY	<b>State</b> WILTSHIRE	<b>Country</b> UNITED KINGDOM	<b>Citizenship</b> UNITED KINGDOM
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<b>City</b> SALISBURY	<b>State</b> WILTSHIRE	<b>ZIP</b> SP4 0JG	<b>Country</b> UNITED KINGDOM
<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any]) Scott D.	<b>Family Name</b> or Surname Gray-Owen		
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b> Oakville	<b>State</b> Ontario	<b>Country</b> Canada	<b>Citizenship</b> Canada
<b>Mailing Address</b> 1283 Valerie Crescent			
<b>City</b> Oakville	<b>State</b> Ontario	<b>ZIP</b> L6J 7E7	<b>Country</b> Canada
<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any]) Ian C.	<b>Family Name</b> or Surname Boulton		
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b> Toronto	<b>State</b> Ontario	<b>Country</b> Canada	<b>Citizenship</b> Canada
<b>Mailing Address</b> 24 Noble Street, Suite 408			
<b>City</b> Toronto	<b>State</b> Ontario	<b>ZIP</b> M6K 2C8	<b>Country</b> Canada

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<input type="checkbox"/> Customer Number <div style="text-align: center;">OR</div> <input type="checkbox"/> Registered practitioner's name/registration number listed below	→	<div style="border: 1px solid black; padding: 5px; text-align: center;">26712</div> <div style="text-align: center; font-size: small;">Place Customer Number Bar Code Label Here</div>
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Name	Registration No.	Name	Registration No.
Ranjana Kadle	40,041	R. Kent Roberts	40,786
John M. Del Vecchio	42,475	George L. Snyder, Jr.	37,729
Martin G. Linihan	24,926	Rebecca M. Stadler	56,703
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 OR ☐ Correspondence address below

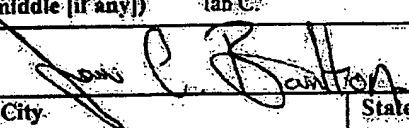
Name	Ranjana Kadle				
Address	Hodgson Russ LLP				
Address	One M&T Plaza, Suite 2000				
City	Buffalo	State	New York	ZIP	14203-2391
Country	United States	Telephone	(716) 856-4000	Fax	(716) 849-0349

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Inventor's Signature			Date
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SALISBURY	WILTSHIRE	UNITED KINGDOM	UNITED KINGDOM
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Address	One M&T Plaza, Suite 2000				
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Residence: City	State	Country	Citizenship
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Mailing Address			
C/O HEALTH PROTECTION AGENCY, PORTON DOWN			
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